

Member's Last Name

First

☐
M.I.

Social Security #

PRIMARY

Choice of Option (D) Beneficiary

I, (Print Name) , a member of the Cambridge Retirement System, hereby nominate the beneficiary * listed below, under the provisions of G.L. c. 32, § 12(2)(d) to receive from the retirement system a benefit equal to the Option (C) retirement allowance which would otherwise have been payable to me in the event that I die before being retired.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon my retirement this form becomes void.

I understand that this choice of Option D Beneficiary can be superceded if, at my death, I leave a spouse to whom I have been married for over one year and with whom I am living on the date of my death, or if living apart, for justifiable cause as determined by the Retirement Board.

Beneficiary

Name of Eligible Beneficiary

Beneficiary's Relationship to Member

Beneficiary's Date of Birth (*Attach birth record*)

Beneficiary's Social Security #

Member

Member's Signature _____ Date _____

Member's Street Address

Member's Social Security #

City/Town

State

Zip

To Be Completed by Witness of Choice of Option D Beneficiary

Witness' Signature _____ Date _____

Witness' Name (Print)

* An eligible beneficiary is defined under G.L. c. 32, § 12(2)(d) as the spouse, former spouse who has not remarried, child, father, mother, sister or brother of the member.

CLEAR